

Montana Medicaid - Fee Schedule Personal Transportation - Provider Type 23

January 1, 2005

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Montana Medicaid - Fee Schedule **Personal Transportation - Provider Type 23**

Proc	Modifier	Description	Effective	Method	Fee	PA
A0100		NONEMERGENCY TRANSPORT TAXI	1/1/2004	FEE SCHED	\$0.67	Y
A0140		NONEMERGENCY TRANSPORT AIR	7/1/2003	FEE SCHED	\$10.57	Y